



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002  
of the Condition and Affairs of the

Anthem Health Plans of Maine, Inc.

NAIC Group Code..... 0671,	0671	NAIC Company Code..... 52618	Employer's ID Number..... 31-1705652
(Current Period) (Prior Period)			
Organized under the Laws of	Maine	State of Domicile or Port of Entry	Maine
Licensed as Business Type	Other	Country of Domicile	US
Is HMO Federally Qualified?	Yes [ ] No [ X ]		
Date Incorporated or Organized.....	March 10, 2000	Date Commenced Business.....	June 5, 2000
Statutory Home Office	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)		
Address of Main Administrative Office	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)		
Mail Address	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number or P. O. Box) (City or Town, State and Zip Code)		
Primary Location of Books and Records	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)		
Internet Website Address	www.anthem.com		
Statement Contact	Shawn Kevin Staples (Name) shawn.staples@anthem.com (E-Mail Address)		
Policyowner Relations Contact	2 Gannett Drive..... South Portland ..... ME ..... 04106-6911 (Street and Number) (City or Town, State and Zip Code)		

OFFICERS

President .....	Marjorie Warner Dorr	Treasurer .....	George Dominic Martin
Secretary .....	Nancy Louise Purcell	Valuation Actuary .....	Daniel Dee Andersen #
Assistant Secretary and Clerk .....	Martin Jack Robles, Esq.		

VICE PRESIDENTS

David Rhoads Frick

BOARD OF DIRECTORS

Larry Clayborn Glasscock	David Rhoads Frick
Nancy Louise Purcell	Clark Michael Millman
George Dominic Martin	Michael Lynn Smith
	Michael Carl Wyatt

State of..... Maine  
County of..... Cumberland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Marjorie Warner Dorr	Nancy Louise Purcell	George Dominic Martin
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this

.....day of ....., 2003  
.....

- a. Is this an original filing? Yes [ ] No [X]
- b. If no:
- 1. State the amendment number 1
  - 2. Date filed..... April 30, 2003
  - 3. Number of pages attached..... 13